

PART VI - EMPLOYMENT OF UTILITY MANAGER

Name of Business: _____ Utility Contractor Number _____

Business Address: _____
Street (P.O. Box not acceptable) City/State Zip Code

Business telephone number: () _____ FEI number: _____

Address of Branch office to which certificate holder is assigned:

Street City/State Zip Code

Name of Utility Manager Certificate holder: _____
Last First Middle

Title with Business: _____ Date first employed by business: _____

Certificate Number: _____ Certificate Expiration Date: _____

If certification is pending approval, date of examination to be taken by the Manager: _____

I certify that I am a regular, full-time employee of the above-named business and am responsible for supervising utility work performed by the business.

Signature of Certificate Holder Date

I certify that the above-named certificate holder is a regular, full-time employee of this business and is responsible for supervising utility work performed by the business.

Signature of owner, partner, or officer Title Date

Subscribed and Sworn to before me this _____ day of _____, _____

(Signature of Notary Public)

My Commission Expires: _____

(SEAL)